

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. CG/461774

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4	1					
5		1				
6		2				
7		2				
8	1					
9	1					
10	1					
11	1					
12	2					
13	1					
14	1					
15	1					
16	1					
17	1					
18	①					
19	①					
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50						
TOTAL IND.	3					
TOTAL DEP.	21					
TOTAL CLAIMS	29					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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